

DR. T.C. JONES
ARMED FORCES INSTITUTE OF PATHOLOGY
ORAL HISTORY PROGRAM

INTERVIEWER: Charles Stuart Kennedy

DATE: March 17, 1992

Place: Atlanta, Georgia

Q: Dr. Jones, I wonder, could you give me a bit about where you were born and a little about your background and education?

DR. JONES: Well, I was born in Boise, Idaho, in the USA, and I was the fourth of five children.

Q: When were you born?

DR. JONES: September 29, 1912. My parents named me Thomas Carlyle Jones and then, in the family, always called me Carl. And of course, in the Army, I became Thomas C. That's what the T. C. stands for.

I went to public schools in Boise, Idaho, and went to Boise High School. From there, I went to the University of Idaho at Moscow, Idaho.

I think one of the things that had affected my life very much while I was quite young was that I went to live on a dairy farm, which was on the outskirts of the city. It was owned by friends of my family. My three older sisters used to date the three boys that eventually owned this dairy, and their mother was a surrogate mother to me for a while. I went out there when I was eleven, and I became very fascinated with animals. I enjoyed the animals and wanted to study them, I wanted to learn more about them. Mostly they were dairy cattle and horses, and, of course, farm pets.

But I went to the University of Idaho and, because of my interest in this dairy, took dairy husbandry, which was a general first-year course. But by the end of the first year, I thought I would like to do something a little more detailed, a little more exciting and more interesting, so I investigated the Veterinary College at Washington State, which is nine miles from the University of Idaho. And with the support of my friends at the dairy, who encouraged me. I transferred to Washington State in 1930. Five years later, I graduated from there with a B.S. in Veterinary Medicine, and, the same year, was given the D.V.M. degree.

I was influenced quite a bit by one of my professors in the veterinary school, Hilton A. Smith. I worked for him in the pathology department as his technician and learned a lot about the details of the technical aspect of pathology. But he was also interested in the military, and he pointed out to me the advantage of a career in the service. I didn't know anyone in the military, but I knew the name of Raymond Kelser, who was the author of a textbook that we studied when I was a student. It was well written, very concise, and I thought it was a good book. It wasn't a very big one, but it was a good book to study. So I wrote Kelser a letter. At that time, he was a major in the Army Veterinary Corps, and he was stationed in Boston at the Army base there. That was his station, but he actually was detailed and was working with a bacteriologist by name of Hans Zinser at Harvard Medical School. He was doing some very interesting work on equine encephalitis, and as a matter of fact, while he was there, he discovered that equine encephalitis

could be transmitted by mosquitoes, and this explained a lot about its epidemiology and its occurrence in people and other species.

Well, he replied to my letter, and I still have both. He wrote, first you have to learn to be an Army officer, and you have to learn about the service and about the routines that have to be done, and how to serve with troops and so forth.

In those days, there was a competitive examination for the Army Veterinary Corps. And that requirement applied to the other corps in the Medical Service, too.

Q: Because at this time we're talking about now, the Depression was probably in place.

DR. JONES: The Depression was well in place. However, at graduation I had quite a few job opportunities, as did the other veterinary graduates. There weren't many of us, but we each had several job offers, compared to the engineers and the others in the college who were really up against it. It was a real depression. One of the offers I had was to go to China, which I'm now very happy that I didn't accept.

Well, anyhow, as a result of Kelser's letter, I took the Army examination in Salt Lake City at Fort Douglas. It lasted a week and it covered everything I had ever studied in my life, and a lot of things I hadn't. But fortunately I passed it. I was one of six people who passed the exam, and was offered a commission, effective the 1st of October, 1935.

That year, the Army Veterinary Corps entry level went from a second lieutenant to a first lieutenant. I had to wait until my 23rd birthday, which was the 29th of September. So that's why I remember the date so well.

In the meantime, during that summer after the examination, I had applied for the Reserves, which was what one needed to do. And I was ordered on active duty with the CCC. Do you remember the CCC [Civilian Conservation Corps]?

Q: Oh, yes, the Civilian Conservation Corps, which was being run by the Army.

DR. JONES: Right, yes, the Army was running it, and they were calling Reserve officers up to active duty. I was ordered to Fort George Wright, Washington, which was fortuitous because the young lady I was interested in lived in Spokane. She was one of the reasons for my wanting to go into the Army, because I could get married on an Army income. And also I was interested in the kind of career that Kelser had and described to me.

Anyhow, in the first part of October, I was ordered to the Presidio of Monterey, California.

Q: Oh, yes. I served a year there at the Army Language School.

DR. JONES: Oh, you did? Well, this was before the Language School was established. The troops there were the 11th Cavalry Regiment, and the 76th Field Artillery, a battalion which was attached to the Cavalry--a totally horse-drawn outfit. I didn't realize what an experience this was going to be for a young man who was interested in animals until I arrived there in the morning confronted a hundred horses tied up on a picket line at sick call. That was quite a shock. I tried to remember some of the things that my teachers had told us about lameness, how to locate the source and how to increase the statistical chances of getting the right diagnosis by knowing where to look.

My wife went with me to Monterey and we were there three years. We were married September 13, 1935--Friday the Thirteenth, actually. Our first child was born at Letterman General Hospital in San Francisco while we were stationed at the Persidio of Monterey.

In 1937, I was assigned to Army transport duty for a trip on an Army transport, a ship called the Luddington, which steamed between San Francisco and New York, through the Panama Canal.

While I was on that tour, docked in Balboa, a gentleman came down to the dock. He was in civilian clothes, so I didn't know he was an officer, but he introduced himself as Colonel Kelser and referred to our correspondence. The point of my letters was that I was interested in his career. He was assigned at that time to what I think was called the Medical Research Board. It was a mobile group of medical officers who were interested in research on military problems. They were moved from place to place, they were in the Philippines at an earlier time. At this time, they were in Panama, and this was where Kelser was doing part of his work on encephalitis. Usually four or five medical officers and one veterinary officer were assigned to that Board. Four or five officers in the Veterinary Corps were rotated to that assignment. Kelser was one of them. Raymond Randall, who was famous at Walter Reed Army Medical Center later for the vaccine production during World War II, was another. And an officer by name of Francois Reynolds was another. A couple of other names that may come to me.

So this was the little target that I was aiming at, a small group of people, but Kelser was the principal one that attracted me.

We talked briefly and he asked me if I was still interested in a laboratory assignment, obviously I was. And that's about all that man said. He asked me to come to his house for dinner, but I had already accepted another invitation, so I didn't go to his house. And I regretted that very much.

But I did get to know him later. He went from Panama to the Surgeon General's office, as the chief of what was called the Veterinary Division of the Surgeon General's office. He was the first veterinary officer promoted to brigadier general in that position. A brilliant man. Very brilliant. You'll find references to him in the military histories, I'm sure. He later became dean at the School of Veterinary Medicine at the University of Pennsylvania after he retired from the Army.

So I had three years with the Cavalry, and then in 1938 I went to Walter Reed Army Medical Center. Three schools were there: the Army Medical School, the Army Veterinary School, and the Army Dental School. I was assigned to the Army Veterinary School, but officers in the three corps were a class together, sharing some classes.

Then, in January of 1938, I went with a good share of the class to Carlisle Barracks, Pennsylvania, where the Medical Field Service School was located at that time. It was during that year that General Kelser talked to all of us, and asked me if I was still interested in a laboratory assignment. He described to me a new lab that was being built at Front Royal, Virginia, to study animal diseases, particularly diseases of military horses.

There were quite a few problems that Kelser felt were important not only from the standpoint of the animals but from the standpoint of human health. Some respiratory diseases and others that attacked the horses and Army recruits in very much the same way. Susceptible horses or susceptible young men from the country were assembled in remount or recruit status where they were exposed to all kinds of new infections that they had never before encountered. These diseases became very serious illnesses. Respiratory diseases were the most serious. It was clear that something like the 1918 influenza epidemic was feared should it recur in horses or

men.

Q: Yes, the influenza that killed millions of people.

DR. JONES: There was an epidemic of respiratory diseases in horses, swine and other animals in 1918, too, so this was the basis for the concern.

In 1939, I was ordered to Front Royal, Virginia, as the officer in charge of the U.S. Army Veterinary Research Laboratory.

Q: The Cavalry was certainly being phased-out by about 1935 to '39, wasn't it?

DR. JONES: Yes, it was on its last legs, certainly when I was with the Cavalry from '35 to '38. By 1941, after the U. S. joined the hostilities, the horses were taken away from the troops. The 11th Cavalry went to the Pacific as infantry. There was a Cavalry division down in Texas, and that was broken up the same way. But that happened sort of gradually, and there were some uncertainties that there might be some places where animals would be used. It turned out that there were very few such places.

Q: Italy, for mules, that certainly was a...

DR. JONES: Yes, in Italy, mules were used in a very critical situation there at that monastery.

Q: Monte Cassino.

DR. JONES: Right. But they wouldn't send any horses or mules from the U.S. for those purposes. They shipped a lot to the British in Assam, and then later to China.

Q: The Burma campaign and the China campaign.

DR. JONES: Right, they used mules and horses, mules particularly.

When I was at Front Royal, I did learn quite a bit, because I was interested in respiratory diseases. In some outbreaks that were serious, I tended to be called in; I gained a good deal of experience in pathology.

Q: During this period, did the Army Medical Museum have any connection with veterinary medicine?

DR. JONES: Well, the connection was very tenuous, but there was an interest there among the medical staff, particularly Colonel Ash, in veterinary activities. There was no veterinary officer assigned there; there were medical officers who were interested in comparative medicine and were interested in looking at animal materials. And as a matter of fact, in '39, when I went to the Army Veterinary Research Laboratory, which is fifty-five miles from Washington, one of the first things I did was to go to the Army Medical Museum and introduce myself to Colonel Ash. He offered to help me. I told him I needed help, I was starting a new lab. And I did get a lot of help, especially from the professional staff. Also my technicians came to the museum for training in histology technique. At first, one of the problems I had was a disease of the eye. My

technicians were trained to cut eyes there at the Army Medical Museum. The head of that lab was Dr. Ambrosia. He later was the chief technician when he retired from the Armed Forces Institute; he was there during the transition from the Army Medical Museum to the AFIP. I'm trying to think of his first name. Ambrosia, a very wonderful man. In fact, there were a lot of wonderful people there.

So I started, in 1939, making almost monthly trips. I would come up and I would see General Kelser, who was in the surgeon general's office, and talk to him about what we were doing with the scientific aspects of the two projects I had been assigned. Then I would go to the Army Medical Museum. And I usually tried to arrive there in time to attend the morning conference, which is a daily conference presented by all the staff and everybody attended. I would then have lunch there, with a brown bag usually. And was able to know Colonel Ash and many of the other members of the staff on a personal level in 1939. From then until 1946, I was assigned to the Army Veterinary Research Lab, but I was a visitor to the AMM and I learned a lot.

Q: Was there interest by the staff at the Army Medical Museum in what you doing? Was this a one-sided thing?

DR. JONES: No, it wasn't one-sided at all. As a matter of fact, I thought I had a very original idea, and I went to talk with Colonel Ash one day, and I said, "I think this is a marvelous place where we could put together veterinary pathology and medical pathology into comparative pathology, and we could develop a collection of materials that could be studied here and become the basis for consultation and advice". It turned out Colonel Ash was way ahead of me; he had thought of it long before I had. As a matter of fact, he had started discussions with William Feldman, who was at the Mayo Foundation in Rochester, Minnesota. Feldman was the preeminent veterinary pathologist in the country at that time. He was very well known; he had done some very nice work on neoplastic diseases in animals. As a matter of fact, his book was one factor which stimulated me to get interested in veterinary pathology. Feldman and Ash became close personal friends. Feldman was one of the early members of what later became the advisory board for the Army Medical Museum. The two of them put together a committee and interested the American Veterinary Medical Association people in sponsoring a Registry of Veterinary Pathology. That was established in 1944. Colonel Ash brought the first veterinary officer assigned. He was a Reserve officer, his name was Charles L. Davis, who was with the Department of Agriculture in Denver at the time. Davis was there from '44 till late '45. He started the Registry of Veterinary Pathology and the Veterinary Pathology Section, it was called then. I was, in the meantime, sending material from Front Royal, and later from Fort Robinson when the lab was moved out there. There is a foundation established in his name, the C. L. Davis Foundation, which was started by his family and others.

No, I became acquainted with some of the people there and found that I was accepted. And you never knew, you know. Some veterinarians felt that they would be treated as technicians or something less, and it was kind of discouraging being attached to any medical unit, because there was a lot of ignorance. They didn't know each other; medical people didn't know veterinarians, and most veterinarians didn't know very many physicians, at least not on a professional basis. In fact, I ran into a lot of people who never heard of a veterinarian going into pathology, for example. So that was the situation. With the exception of Feldman, there were very few people who were well known. There were little pockets where there was a good man

like Feldman, or a clinical veterinarian like Schlothauer, who was in that same institution, who set a pattern of interaction between veterinarians and medical people. And so we were part of that setting with some of the same patterns. The atmosphere was very cordial and very accepting, and the people were interested in the kinds of pathology problems I was interested in. So if I took a problem in pathology to one of the medical pathologists on the staff, they'd drop other things and sit down and talk to me about it and look at the material. And they were always fascinated, because there was something new, something refreshing for them to see in the animal material. So I received a lot of instruction that way, just by sitting down with the people and talking about problems in pathology. As a matter of fact, that's how I learned pathology, with one on one interaction, you might say.

Q: Well, I think that's really the way you have to, isn't it, almost?

DR. JONES: Yes, that's the best way. That was the only way at that time. There were one or two veterinary schools that had people who were heads of their veterinary pathology departments who were interested in teaching were good at it and had, usually, some graduate students around who were getting good training. But those institutions were very few. Cornell University was one of the few.

So the personal basis had been really established by Davis. I felt that he'd left a warm feeling with the technical and the professional staff. He was very enthusiastic about his discipline, about pathology, and that warmed the hearts of the pathologists. They were a young group, hard-working, and very much interested in what they were doing, and they were on the cutting edge of new things. During the war years, of course, the consultative pathology service for the military was really headed by Ash. Colonel Baldwin Lucké was there as associate director. He was on active duty from the University of Pennsylvania, and I think he had a lot of influence. Ash was the leader, but I think Lucké had a lot to do with establishing many of the policies. My impression was that the bringing in of consultants from the outside medical schools was Lucké's idea. I think that it was his idea, but Ash supported it very much.

So, during the war, pathologists from all the medical schools in the United States were coming to the AFIP as consultants. They'd stay there a week or so, and anyone could go in and talk to them. Which I did. I found out some of the people that I enjoyed the most were people like Arthur Hertig, Shields Warren, and Gus Dammon, all from Harvard. But there were many others. So it was not only the staff, but you saw a lot of people from the whole U.S.A., and that made a very, very stimulating atmosphere.

Q: When did you start there?

DR. JONES: I went there for duty in 1946, after the war.

Q: After the war, had veterinary medicine changed from, you might say, a concentration on locomotion and horses and things to eating and all?

DR. JONES: Oh, it had changed some years before that. After World War I, the transition happened in the veterinary profession between concentration on the horse, and particularly farm animals were next, and then later, probably the late twenties, or early thirties, veterinarians started looking at small animals. But that's the way it developed. During the time that I was at

the AFIP, veterinarians began to be interested in laboratory animals, in zoo animals, and in a lot of other exotic species. Anything that was not human, we were interested in.

Q: Was there much carry-over between animals and the human animal, as far as pathologists were concerned?

DR. JONES: Oh, yes, definitely there was. It wasn't my charm or anything of the kind, the reason that my colleagues, the pathologists, were interested in the material that I showed them was that it gave them fresh ideas, some new ideas of how things could appear, particularly the viral diseases of animals. Animals had so many of them, and they were so varied there was always something that could be compared to the human.

For example, Henry Pinkerton, a pathologist who had come from New England but was living in the Midwest, wrote an article comparing the lesions of measles in children to canine distemper. He pointed out that there were particular types of inclusions and the lesions in the lungs, with giant cells, were almost identical. He pointed out that the viruses must be related, because the diseases were so similar. Well, it turns out that that was true. The canine distemper virus and the measles virus are now classified on the basis of molecular biology, and they're very closely related viruses. But this was back in the twenties that Pinkerton pointed this out, based on the lesions.

One example stands out in my mind because it was quite dramatic. Perhaps you haven't heard of Helenor Campbell Wilder, later Forester. She was a lady who became famous in ophthalmic pathology. She came to the Army Medical Museum as a technician. A very bright lady. She didn't have any prior medical training until she came there; she had a liberal arts background, I believe. This was one characteristic of Ash, he encouraged her, and trained her in the pathology of the eye. There weren't many people who were specialists on eyes at that time, just a handful in the medical profession.

Well, to go back, that was the first registry established by General Callendar when he was curator, back in the twenties. The idea being to bring together the specimens and the people trained to interpret them, and to learn something out of them.

Well, anyhow, Helenor Wilder, one day presented at the staff conference some lesions in the eyes of infants, young crawlers, children that were under a year of age. The lesions were little granulomas, very characteristic lesions. My comment was that if I saw those lesions in an animal, I would look for nematode larvae, because they produced that very characteristic lesion. Later that day she came up to my desk and looked through my microscope, and I showed her some of these lesions that looked exactly like those in the children. But mine had little worm larvae in the middle. And they're very characteristic under the microscope. If you've seen one, you always recognize it. So she was stimulated; she told me later she took the slides home and she scrutinized two thousand of them. She spent day and night at home at her kitchen table looking at them. She finally found some larvae. After she found the first one, then the next one wasn't too difficult to find. She wrote a nice paper, and received a well-deserved award for it. I have a reprint subscribed by her that says, "This is to Carl Jones, who knows his worms."

So here was another case where, because we were in proximity and we talked to one another, an idea from the animal disease was transferred to the human. And that was the reason why the medical people there wanted the Veterinary Section to be established.

Q: Remember, the first man had been there for not much more than a year, and then you came.

How long did you stay?

DR. JONES: I stayed there a total of eight years altogether, four years, and then I went...

Q: So this wasn't somebody on top saying we have to have a veterinarian in here; this was a welcome drawing-in of another aspect of the discipline. How would you characterize the spirit of the Army Medical Museum, which it was at that time? Was it collegial? Competitive? Military? What was the atmosphere at that time?

DR. JONES: Well, it was, I would say, very collegial. It was also competitive, but I didn't feel it, because I wasn't competing with anybody but myself... I was the only veterinary pathologist there for a while, until I began to bring in some people for training. I'm certain it was more competitive among the medical people. But it was almost a non-military organization, although a lot of people wore uniforms. And the reason they were there was the discipline of pathology; that's what kept them there. There were some very good military officers there who were good pathologists, and civilians there that were very good professional people.

Q: Where you there when it became the Armed Forces Institute of Pathology?

DR. JONES: Yes, I was there when it became the Army Institute of Pathology, and soon it became the Armed Forces Institute of Pathology. The name changes occurred while I was there. I think it was '49 when it became the Army Institute.

Q: Yes, it was actually July 1949.

DR. JONES: Right. And then it wasn't very long after that it became the Armed Forces Institute, a year or so.

Q: What was the reaction when it moved away from just being an Army institute to being an all-services institute? Were egos upset, and was this a time of scrabbling around to empire-build? I'm talking organizationwise. Did you get any feeling of that?

DR. JONES: Oh, yes, there were some squabbles and different ideas of what direction it should go. There were some people who felt that they should have a division of experimental pathology, and others felt that, no, they ought to stick entirely to morphologic pathology. There were lots of different ideas. Yes, there were some squabbles. There was a brouhaha between Colonel Ash and his successor, General Dart. And then Hans Smetana was eventually relieved as chief of pathology when General DeCoursey was there.

Q: Well, just to get a little feeling, what was between Dart and Ash? Do you know what might have been spurring this?

DR. JONES: I think they were competitors. In retrospect, they were competitors for a long time. Dart had actually been at the Museum before Ash. I was very fond of both of them, so I was torn apart by the fact that they really were at each other's throats. Both of them were very supportive of me. But I found myself right in the middle of their fight.

Q: How did this manifest itself?

DR. JONES: The first open manifestation was at a meeting of the American Registry of Pathology advisory committee, or council, I don't remember what it was called at that moment. General Dart was presiding as the director, and Colonel Ash was still on the staff as the scientific director of the American Registry of Pathology. Now their positions were reversed. These two men were very similar; they were about the same size, they were both very combative fellows, and both intelligent and very, you might say, aggressive.

Q: Feisty.

DR. JONES: Feisty is a good word. Just wonderful people. I don't know, in some ways I associated that with their short stature, but I don't know whether that had anything to do with it. They just made it in the Army by a quarter of an inch, both of them. But the surgeon general at that time was the same height. All wonderful people, wonderful people they were.

Well, anyhow, at this meeting, the course seemed to be in rather routine business. The fellow who headed the committee for the dental group made an impassioned, emotional outburst. He finally said, "What's going on here? I want to know, and I don't understand this." You know, a questioning, challenging speech. I didn't realize at the moment how this infuriated General Dart; he considered this a personal attack on him. But I could feel the electricity in the air. Well, if you haven't encountered it already, you'll probably encounter the fight between Ash and Dart. You'll recognize it. And I was right in the middle of it.

Q: Did you find yourself being sort of sucked in by saying, Don't you agree with me?"

DR. JONES: No, this was interesting, because after that first meeting, and everybody realized that Dart was furious about it and he felt he'd been personally attacked, the staff met together with Colonel Ash, who was not the director anymore, he was now down in the ranks with the rest of us, but a very much respected man. There were some hotheads; some of the young people would say a lot of things that they probably regretted later. You know how, in the heat of the moment, you feel that something's important and let it come out, and then you realize that it wasn't important at all. I tried to calm the waters the best I could, because that's what I preferred to do, by temperament. And not only that, but I didn't see anything good coming out of it. I admitted at that time that I thought I was very upset myself but I didn't realize I was until I couldn't sleep that weekend. I had an awful weekend. Well, this kind of cleared the air some, but not much, it stirred it up probably more than anything else. After that meeting, I went and talked to Colonel Ash and told him, "I'm having divided loyalties here. I'm in the military and General Dart's the director. I'm very fond of both of you, but I may have to come down on General Dart's side, just because that's the way it is."

And he said, "I understand perfectly. You can't do anything other than that. You've got to be loyal to your commanding officer... open and shut thing like this."

So he understood, and Dart did, too, so I didn't get into any trouble. But I was in between.

Within a week or so, General Dart called me into his office and talked about the situation. He was very upset emotionally, he was very angry. I think it was an accumulation of

things in the past over the years. They had dug at each other, and I found places where they did dig each other, because they were competitors, you know, both of them. They were both good guys, I loved them both. But General Dart said, "I'm going over to see the Surgeon General. I'm so mad that I'm afraid I'll lose control of myself."

Q: I don't understand what he was mad about. This dentist had raised...

DR. JONES: Well, he felt that this dentist was doing Ash's bidding and was attacking him. He was a civilian..., but that Ash had put him up to it. I don't think that happened. I think this dentist may have heard a lot of rumors or something and made his own conclusions and went off half-cocked. And I don't think he intended that it to have the effect it did.

But the fact was that Ash had contacts through the whole medical profession. Dart didn't have those contacts, he had very few. And Dart felt that Ash was organizing the civilian medical and dental professions against him, and General Dart was very unhappy about this. When he saw an attack coming, he went on the attack himself--he didn't get to be a general for nothing. He got his star out in the Pacific, you know. A lot of pathologists were there as medical officers, and I guess he was good.

Well, he said, "I think I'll lose control of myself. I want you to go with me. I think, if I have you, a young junior officer, with me" (I was a major at the time) "I think I will not lose control. I want you to come with me. You don't have to do anything, just sit there."

Well, I went over with him to see the Surgeon General, General Bliss, and Dart described the thing as being an attack on him. When the Surgeon General saw him, Dart said, "I'm so mad I could spit!"

The Surgeon General looked at him and said, "You know, I think your blood pressure's up. I think you really are upset. Wait a minute, let me find a stethoscope, I'd like to listen to your heart."

So he took some of the tension off, at least. I guess he'd been used to cooling people down.

That cooled General Dart down some, but then he talked about what he thought was an attack on him, an attempt to try to discredit him that was going to end up with a demand from the civilians for his relief. That's what he thought was coming. I don't think that was in their minds at all. I think they wanted to give Ash a lot of authority in the registry. But Dart didn't think it was appropriate, at least the way he saw it.

So it went on and on, and he said, "You know, my first inclination was to fire him, to get him out of the place."

Q: The dentist?

DR. JONES: Fire Ash.

Q: Oh, Ash.

DR. JONES: He thought that's where it was coming from. He was going to draw and quarter our dental officer. That guy, old Joe, was a great politician, later became a major general and chief of the dental corps. He's dead now. But poor Joe had really put himself, inadvertently, I think, into a real tight spot.

Well, anyhow, the conversation went on, and General Dart described what had happened and what he thought was coming. General Bliss said, "Why don't you fire him? I'll back you up." General Dart didn't think he was going to get this support that he needed.

Finally, General Bliss addressed one question to me. He said, "Do you think this was an effective attack on General Dart?"

I said, "I guess, in retrospect, I thought it was an attack, but whether it was effective or not, I don't know. I'm not certain it was. I think it might just blow over, but I don't know." It was an attack, and he had to recognize it as one. And I didn't say so, but I felt the general had overreacted. I thought at the time that he had overreacted, but it wasn't my ox being gored, so I didn't know.

But, anyhow, General Dart was really supported by the Surgeon General, who showed that he was going to support him, not any retired officer who was there in a civilian capacity, under the directorship. The... military organization comes down the line, and it would have been foolish for the Surgeon General to support the other guy. He had to support his director; that was just a given, and if you didn't know that, you hadn't learned much in the Army. There are ways of getting things done, but there are also ways of getting in trouble.

Well, anyhow, what happened is, in a month or two, Colonel Ash did leave the institute. He left the job of scientific director of the registry, and somebody else was appointed in his place. I don't remember who it was.

When things calmed down, Dart was definitely in charge. He definitely wanted the institute to go places. He was very active in getting the new building, and it was a several-years' fight and a terrible, terrible drag on him. He worked awfully hard to get the new facilities. If he hadn't been in that spot, it would have had to be somebody as good as he was, to get the new building and get the new concept. And he was one that sort of had the progressive idea that all aspects of pathology ought to be covered in the institute, and not just pathologic anatomy. This was the quarrel. And it was partly because the people who were there, who had been collected by Ash, that's what they knew best.

Then I went to Europe and came back in '53, and General DeCoursey was the director then. And I was there when we moved from the Old Red Brick Building, down on 7th and Independence, out to the new building, a bomb-proof building at Walter Reed.

Q: What was the feeling about the move? Obviously, you were getting more space, but was there concern that you were moving on the grounds of a running hospital, that you might be absorbed into Walter Reed?

DR. JONES: I think there were some people who had that idea that that might happen, but it wasn't the subject of any major action that I could see. Colin Vorder Bruegge was the planning officer under General Dart. He was a major at the time; he later became a major general and commanded Walter Reed Army Medical Center. He was a very interesting man, and he was just the opposite from General Dart; he was a big, big man and a commanding presence. But he was a very good assistant to General Dart; he did the technical work that General Dart needed.

Q: Did you get involved in any of the politics of the move, either getting support or scrambling for space? How did this work?

DR. JONES: There may have been some scrambling, I think there was, but for some reason, I

didn't have to scramble. A lot of the decisions were made while I was in Europe, so I didn't have to be in there fighting. But I got good space. Actually, I had a space that was immediately taken away when I left.

Q: There's always someone waiting until somebody who's been around for a while leaves.

DR. JONES: And then I realized how many people were after my space; I realized that the minute I saw what was happening. But I was headed for elsewhere.

Q: But back to the Dart-Ash business. I'm talking about the atmosphere then. Of course, you were part of it, so maybe you were either part of the problem or within the problem, but here were these experts on soft tissues, on ophthalmology or what have you, all with their specialties, they had been doing it this way, they were renowned for their knowledge, a sort of supreme court for medical opinion and all, but this also sounds like a group that doesn't change very easily, and that each department or bureau kind of marches to its own tune, did you have a feeling that it was not very output oriented, more inward?

DR. JONES: Well, no, they were interested in output, but each one had his own ideas, pretty certainly.

There was another staff brouhaha that happened after I came back from Europe, and I immediately became aware of it. The heads of sections, there were nine of them, and there was a dispute going on. I don't know what the dispute was about, but there were four on one side, and four on another, and I was the ninth one, I had the swing vote. And I wondered why all these people were coming to me and telling me all these things--I had the swing vote; there were five if I voted on this side, and five if I voted on that side.

Q: So you were sure of four enemies.

DR. JONES: Four enemies, yes, and four temporary friends, I guess. Oh, they were all friends as far as I was concerned. That was an interesting thing to steer for a while. And as a matter of fact, I got to know them all better because of the controversy.

Sometimes there was a lineup between the military and the civilians. Sometimes that happened, and I happened to be wearing a uniform. I didn't necessarily come down on the side of the military if there was an issue. I avoided very much ever exercising that swing vote. I knew I had it, but I avoided like crazy having to use it, because it would be easier for me to get sequestered, you know, because I was the only one in my profession... But that's my nature anyhow, I tried to be the conciliator and tried to get them together. Sometimes it worked, and sometimes it didn't.

That was the period in which General DeCoursey relieved the chief of pathology and put somebody else in his place.

Q: Who was the chief of pathology?

DR. JONES: Hans Smetana.

Q: What spurred that?

DR. JONES: I don't know. I'm not certain that I know at all, really, if there was any basic thing. Smetana was an Old-World pathologist, a good one, a gentleman, a musician. Smetana, a musical family.

Q: Yes, oh, yes, the Czech musical family.

DR. JONES: Right, and he was a good musician himself, a very nice guy and a very nice friend. The director, General Decoursey, was a good pathologist, a good scientist, and he was a brigadier general (he later became a major general), and he was a leader in the Army Medical Corps, there wasn't any question about it. He wanted certain things to happen, and Smetana, perhaps because it was an infringement on his authority or he wanted to go some other way, would get very emotional and threaten to resign over what I thought were inconsequential things. I didn't think they were major policies, although this question of whether we brought in other disciplines and staff was one of the issues, and Smetana was on the side of the status quo. And I still remember the staff meeting in which Smetana came in and said, "I've been relieved," and almost broke into tears. He left the meeting, and DeCoursey took the chair and told why it happened, what the disagreement was, and he said, "We finally had enough disagreements that I thought we couldn't work together anymore, so I didn't have any choice but to accept his resignation."

I think Elin Helwig became the chief either right then or sometime after that. He's still around. Have you talked to him?

Q: He's on my list, as well as Mostofi, with whom I've already done half an interview.

DR. JONES: Yes, Mostofi was there. I don't remember when he came. I don't think he was there when I came there in '46, but I'm not certain. He'll tell you.

Helwig and I and three others were in one room. It was a little bigger than this one, though not much, but it was Walter Reed's old office, and there were five of us with desks and our microscopes scattered around this room in the Old Red Brick Building. That's where I was put when I came there for duty in '46. And that was great... Helwig's been a friend ever since.

Q: You were talking about a dispute with DeCoursey and Smetana and others about bringing in other disciplines. What other disciplines? How was DeCoursey reaching out?

DR. JONES: Well, I think, experimental pathology, virology, electron microscopy. But other things that required different techniques, different approaches. Experimental research. And, of course, at the new building we had a facility for animals and for animal surgery and for housing laboratory animals, so that there was a possibility, and we did bring in people that were interested in doing experimental things. And I think Smetana probably would have been happy to go on and use the techniques of morphology forever. Most of the people there knew the limitations. There were some values to the technique of morphology, but there were also great limits. And I think I realized that as much as anybody there, because I'd been an experimentalist before I came to the AFIP.

Well, I don't know, at that time they seemed awfully important, but later I thought, well, these were just kind of the way things were. If you don't have conflict, if you don't have some

controversy, you don't have any progress. Sometimes it goes backwards, and sometimes it goes ahead.

Q: In retrospect one can take a much more detached point of view, but when you're in the heat of it, it gets...

DR. JONES: Yes, when you're in the middle of it, you don't know. You get involved yourself, and it's pretty hard to be dispassionate.

Q: Let me sort of pin down the dates. You came in 1946. You went to Europe when?

DR. JONES: In 1950.

Q: And then you came back in 1953.

DR. JONES: Right.

Q: And then you stayed until...?

DR. JONES: '57.

Q: When you were at the Institute, how would you get cases? Would things be referred to you? Were you working in the veterinary field in sort of the same way that the others were doing?

DR. JONES: Well, the first task that we had when I came, and when Davis came there, was to get a flow of material, so material comes in for consultation and study in the registry. To build up the collection for study, and to make it a center where one could professionally study and learn. Davis did exceedingly well, because he brought duplicate materials and protocols from the Denver lab of the U.S. Department of Agriculture. He brought several thousand cases, all documented, the microscopic material and all that, and put them into the registry files of the Veterinary Pathology Section, as it was called then. So he got it off to a good start. And that gave us a pretty good nucleus of, oh, several thousand. I think there were ten to twenty thousand cases by the time I reported in 1946.

I brought pathologic material from the Front Royal Lab, which was moved to Fort Robinson, including several hundred cases of several diseases of horses, including the ones which were respiratory, and the eye diseases that we were working on. Also war-dog centers at Front Royal and at Fort Robinson, I started a collection of materials referred in from the war-dog centers. They had lots of diseases problems, so those were all funneled in to the collection. I brought a whole carload of them when I came in '46. So immediately the material for study had grown rapidly.

Then we offered to the civilian veterinary profession and veterinary pathologists, diagnosis and consultations on material sent in, in exchange for the material. In other words, they'd send in tumor specimens, or other specimens taken at an autopsy. The pathologic materials sent in would be studied and a report prepared. The material, histories and and all specimens included, in the registry became available for study.

This was the big advantage of the Army Medical Museum, it had a registry system of

indexing and filing material in a way that made it all accessible. In the early days, the index was card files, and they occupied a room about this big.

Q: You're talking about a moderately large hotel room.

DR. JONES: Yes, just about that size, and it was filled with filing cabinets with three-by-five cards. I still remember there was a maiden lady from Tennessee, Mae Fraker, and if you talk to the old-timers, they'll remember her name. She was in charge of those files, and, boy, they were inviolate, she didn't allow anyone to disturb them in any way, and she kept them in good shape so you could find things. One could look up under the subject and find the accession number, and that was the key to it, you could find any... material, photographs... This was the big advantage, there was lots of material to study.

So we did start this direct accession from people in practice. In general, material was received from pathologists by the rest of the institute, but not from general medical practitioners. But in this case, we did get material from veterinary practitioners. And it ended up we got a lot of material, particularly from domestic animals--dogs, cats, caged birds, and so forth--so that began to expand the registry in those species. We had a nucleus in the food-producing animals--cattle, sheep, goats, and chickens to some extent--and also from military horses, and then later specimens came from the veterinary schools...

Q: Did you find that the veterinarians and schools of veterinary medicine were beginning to look to the AFIP? Did they catch on relatively quickly to use you in the way that the human resources were being used?

DR. JONES: Yes, they did. And we had to catch up in a hurry. One of the things that probably speeded it up was the organization of the American College of Veterinary Pathologists. Which started because I saw young medical officers, after the war at the AFIP, intensely studying for the Boards. And I thought, "This is a diligence that I admire. What's stimulating it?" So then I learned about the Medical Pathology Boards, and I thought, "If we had something like this in the veterinary profession, the profession would grow and we'd get a lot much better-trained people. We'd get people that were stimulated as these young people are." I eventually followed up that idea with General Dart's support. Bill Feldman also became interested and we organized a nucleus of people to start an organization that would set standards for veterinary pathologists, and would give an examination, and award a certificate to those who qualified after five years of specialized training, after graduating from veterinary school. We found forty-eight people in the United States whom we thought were senior enough and experienced enough, professors and so forth, to form the nucleus.

The organization took off slowly, but as soon as the standards were recognized as high and the exam difficult the organization became noticeable. I was the secretary-treasurer, at the Armed Forces Institute, and so was at the center of activity. The business of the organization went on there, and it was encouraged. We had an independent position nationally--and we had a degree of autonomy at the AFIP that most of the schools didn't have, and a better degree of support. The support was superb. The fewer than 50 pathologists became the nucleus for the American College of Veterinary Pathologists which has been very successful in setting high standards and developing the specialty.

Q: Was there any other university school of veterinary medicine which was sort of acting as a counterpoise to you that in a way they wanted to be the repository in the pathology field?

DR. JONES: No, that was very fortunate, there wasn't a one that was intensely interested or had the resources to do it. And they were happy to have us do it. I thought there might be some objections from the Department of Agriculture, but I had a good friend, the chief pathologist in Agriculture, right down the street on Independence Avenue, and we talked about it. The discipline of pathologic anatomy almost didn't exist at the Department of Agriculture at that time. There was just a handful: Charles Davis was one, and Herman Seibold was the other. Their support was all that was needed. It wasn't very complicated, as it turned out. Everybody else said, "Well, let them do it; they can do it better than we can."

Q: Did you have any problems either in the higher ranks of the military or in Congress with somebody saying, "Well, these veterinarians, the Cavalry is gone, so they're just looking after the commanding general's pets," or something like that? It's the cheap shot, but, knowing the facts of Washington life, I would think you would be a target for this type of thing.

DR. JONES: The gunman was the secretary of defense, Charles C. Wilson of General Motors.

Q: Oh, God, Engine Charlie.

DR. JONES: Engine Charlie, he was the enemy. And one of the first things he did was...

Q: He was the shooter at the target.

DR. JONES: Yes, and the Army Veterinary Corps was the target. And he really went after it. But the Army, the military in general, with the exception of one undersecretary of defense, was supportive of the Army Veterinary Corps. I think the medical people perhaps felt they were next. In other words, he would make all of them civilians, all of the medical services. And they supported the Veterinary Corps. As a matter of fact, I was kind of involved in that. It was just before I retired. It didn't have much, if anything, to do with my retirement, but it didn't encourage me to stay, because this was the kind of thing we had to fight. The general in the surgeon general's office, a general in the Army Veterinary Corps, of course he was on the defensive at that time. It went on for a couple of years, and it didn't end until Engine Charlie left and his successor reversed his edicts. That was in '56, I think.

The Army Veterinary Corps was not established to take care of Army horses. The Cavalry had their own regimental veterinarians, they didn't need any Corps. The reason it was established, in 1906, was the same reason that the Department of Agriculture got meat inspection. It was Upton Sinclair's book.

Q: The Jungle.

DR. JONES: *The Jungle*, yes.

Q: This was a popular novel, part of the muckraking period, and Upton Sinclair wrote it about the meatpacking industry in Chicago, which was horrendous in its detail about how awful the

potential food was being treated.

DR. JONES: It was exactly the same era, and from what I've read of the history, in 1906 the Army Veterinary Corps was established as a corps within the Army that would take in veterinary officers and train them for military service. It took in most of the regimental veterinarian schools with the Cavalry. I don't think it took them all, but most of them. But originally they were regimental civilians, and so were the medical officers, about the same time. The medical officers were also contract surgeons... So the Veterinary Corps was established, pretty close to the same time the Medical Corps was established, as an Army-wide organization. And it was for military purposes: the health of the troops. It was no accident the Veterinary Corps was made part of the medical service, to be put under the medical department. They were there to protect the food supply from contaminated, diseased animals, diseased food, and they would also protect the troops from the so-called zoonoses. We didn't use the word in those days, but those were the diseases transmitted from animal to man. So this was the reason the Veterinary Corps was established.

And Wilson laughed, and he said it was just because the horses were gone. He had been trying to get rid of the horses, and the old Cavalrymen, too, for a long time.

Interesting. I don't know whether it was an apocryphal story or not, but there was some jealousy in the Department of Agriculture in the perks given veterinarians. I was told, the scene was described to me, and I don't know whether it was true or not, but Wilson was an old friend of a man in the Department of Agriculture, and while on a tour of Beltsville they both sat down on bales of hay, and this guy "Charlie, the first thing you've got to do is get rid of that damn Veterinary Corps." That was the story that was repeated, apocryphal or not. But anyhow it was pretty clear what he was going to do. But he lost. The Veterinary Corps survived. It may not survive the next attack, I don't know.

Q: As a Foreign Service officer, I was in Yugoslavia in the sixties, and we had a couple of Veterinary Corps personnel stationed in this Communist country, Yugoslavia, because we were buying meat for our military in Europe in Yugoslavia. And they were doing their thing, I think.

DR. JONES: Well, some of us didn't like to do the meat inspection, but it had to be done, it was crucial. Of course, over the years, in this country, we've developed a system of meat inspection that's superb, the federal meat inspection service. But as soon as you get outside the limits of this country, all bets are off, it's quite different. It's even different in Europe...

Q: You retired in '57. Looking back at your time at the AFIP, what would you say gave you the greatest satisfaction and, the reverse, your greatest disappointment?

DR. JONES: Well, I don't know, I was very happy there professionally. That I remember. And part of it was because I was learning. Every day I was learning something new, and that's a happy time in your life. I know that others had this same emotional attitude about the AFIP. If they were there during any part of their learning experience, they had an affection for the place. You get a loyalty for it, because you feel good about the fact that you've grown and you've used the resources and people are there helping you. There's an air of trying to be supportive of the young people who are trying to learn. And so that's probably the happiest part of my experience there.

I don't know that I had any very down moments, down time, or anything I'm disappointed about. I had a nagging disappointment, which I didn't express very often and didn't care much about, that a lot of juniors were promoted over me. Because I was in one job for seven years. That happens, you know.

Q: That happens, yes.

DR. JONES: But I balance that off against the professional experience that I had, the scientific experience and things I learned, and what it led to. It led to my employment at Harvard.

Q: Where did you go from the AFIP?

DR. JONES: Well, I went to Angel Memorial Animal Hospital in Boston as director of pathology, with an appointment to the faculty of Harvard Medical School, a joint appointment. So that was full-time at Angel as director of pathology, and then part-time at the Medical School, which included the Brighams Hospital, the Deaconess Hospital, and the central department of pathology. In those days, it was just a half a block away, so in five minutes I could be at a seminar at the Medical School. I stayed there for ten years, and then I was offered a position at the Primate Center. The Primate Center was now built; I was on the building committee. But I was offered a position there, so I became full-time at Harvard, with my principal laboratory at the Primate Center, and a consultant part-time with Angel. So I still kept my hand in there and helped the young people that were appointed there. So I stayed at Harvard and was eventually promoted to full professor. And I'm now a professor emeritus, so I have a permanent affiliation there.

So I've had a wonderful life and a wonderful career. But my Army career was what set me up for going to Harvard. I never would have made it there if it hadn't been for that background. Not only the kind of experience I had, but some of the people at Harvard came to know me, to know my division, know what I was doing and how I was working within this division. Four professors supported my coming to Harvard. And the last one of them died last year. They were very fine people, they were very helpful to me and very supportive of me coming to Harvard. Of course, I had to do something in order to get promoted...

So it was a very happy time, very. But my training came from the Army Medical Museum and the AFIP, that's where I trained.

Q: Well, I want to thank you very much, this was perfect.